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| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)  |  | Docket Number (Optional)<br>724917-000018 C#  |               |
| <b>CERTIFICATE OF MAILING OR TRANSMISSION</b><br>(37 CFR 1.8(a))<br><br>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at (571) 273-8300, on November 18, 2005.<br><br>Signature: _____<br>Name: <u>Phoebe M. Jones</u> |  | In re Application of <b>Frederick BLECKMANN</b><br><br>Application Number <b>10/816,043</b> Filed <b>04/02/2004</b><br><b>For METHOD AND APPARATUS FOR PRODUCTION OF LABELS</b><br><br>Group Art Unit <b>1734</b> Examiner: <b>James D. SELLS</b> |               |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br><br>The requested extension and appropriate entity fee are as follows (check time period desired):  |  |   |               |
| <input type="checkbox"/>  | One month (37 CFR 1.17(a)(1)) - (\$60/\$120)   | \$  | _____         |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2)) - (\$225/\$450)   | \$  | _____         |
| <input checked="" type="checkbox"/>   | Three months (37 CFR 1.17(a)(3)) - (\$510/\$1020)  | \$  | <u>285.00</u> |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4)) - (\$795/\$1590)   | \$  | _____         |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5)) - (\$1080/\$2160)  | \$  | _____         |
| <input checked="" type="checkbox"/>   | Applicant claims small entity status.  |   |               |
| <input type="checkbox"/>  | A check to cover the fee is enclosed.  | 11/21/2005 HDEMESS1 00000057 192380   | 10816043      |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.   | 02 FC:2253  | 285.00 DA     |
| <input type="checkbox"/>  | The Commissioner has already been authorized to charge fees in this application to a Deposit Account.  |   |               |
| <input checked="" type="checkbox"/>   | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-2380</u> .<br>I have enclosed a duplicate copy of this sheet. |   |               |
| <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>   |  |   |               |
| I am the <input type="checkbox"/> applicant/inventor<br><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).<br><input checked="" type="checkbox"/> attorney or agent of record.<br><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a).<br>Registration number if acting under 37 CFR 1.34(a) _____   |  |   |               |
| <u>Jeffrey A. Lindeman</u><br>Signature   |  | <u>November 18, 2005</u><br>Date  |               |
| <u>Jeffrey A. Lindeman, Reg. No. 34,358 for Corinne R. Gorski</u><br>Typed or printed name  |  | <u>(202) 585-8000</u><br>Telephone Number   |               |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |  |   |               |
| <input checked="" type="checkbox"/> Total of 1 forms are submitted.   |  |   |               |

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